Slide 1:

DAWN Canada

Silent Tears Forum

Disability, violence and survival of rural women globally

UNCSW 62, New York

March 13, 2018

Slide 2: ABOUT DAWN CANADA – Mission

* Our mission is to end the poverty, isolation, discrimination and violence experienced by Canadian women with disabilities and Deaf women.
* For more than 30 years, DAWN Canada has worked towards the advancement and inclusion of women and girls with disabilities and Deaf women by creating change at a systemic level. This includes building strategic partnerships, developing curriculum and educational tools, and addressing policy change.

Slide 3: ABOUT DAWN CANADA – How we work

* Grounded in the lived experiences of women with disabilities and Deaf women, and using an evidence-based approach, DAWN Canada works to create change at a systemic level in order to directly improve the quality of life for women with disabilities.
* We amplify the voice of women with disabilities and Deaf women by ensuring that they are represented at decision-making tables in the areas that matter most, including violence prevention, health equity, and access to justice.
* We work to increase the capacity of women with disabilities and Deaf women in their communities to support their leadership in articulating their needs.

Slide 4: ABOUT DAWN CANADA – How we work

RESEARCH: We work with community-based researchers and academic partners to shift the discussion around how research and community development can and should be done using an intersectional approach

EDUCATION: We develop curriculum tools to expand the body of knowledge about women and girls with disabilities and to increase skill in the practice of inclusion.

POLICY: We continue to challenge and engage policy-makers in the review and development of policies so that they are informed by community-defined needs.

ADVOCACY: We are committed to ensuring that the voices of women with disabilities and Deaf women are represented at decision-making tables in the areas that matter to us most

Slide 5: Canada’s Rural Landscape

*«Rural settings across Canada are diverse, ranging from coastal regions on the eastern and western boundaries, prairie and agrarian regions centrally, and northern areas that are characterized by forests, lakes, and subarctic conditions….»*

**Beverly D Leipert, Rural Women’s Health Issues in Canada: An Overview and Implications for Policy and Research, Canadian Woman Studies 24 n°4 Summer/Fall 2005**

Slide 6: Rural Health Needs

*« Rural health needs stem from a variety of sources, including occupations such as farming and mining, demographic trends such as increased seniors' populations in some rural areas, and needs associated with the large number of rural Aboriginal peoples.» (Kirby and LeBreton)*

**Beverly D Leipert, Rural Women’s Health Issues in Canada: An Overview and Implications for Policy and Research, Canadian Woman Studies 24 n°4 Summer/Fall 2005**

Slide 7: Rural Health Status

*«...The health status of people who live in rural communities, especially people in northern communities, is poorer than the rest of the Canadian population. » (Romanow)*

*«The life expectancy for rural people is less than the Canadian average, and disability rates, infant mortality rates, and deaths from cancer and circulatory diseases are higher in rural areas. » (Romanow)*

**Beverly D Leipert, Rural Women’s Health Issues in Canada: An Overview and Implications for Policy and Research, Canadian Woman Studies 24 n°4 Summer/Fall 2005**

Slide 8: EMERGING EVIDENCE ON VIOLENCE AGAINST WOMEN WITH DISABILITIES

**WOMEN ARE BECOMING DISABLED THROUGH VIOLENCE**

* Women survivors of intimate partner violence are vulnerable to traumatic brain injury (TBI)
* They report elevated rates of TBI (35 to 80%) (Kwako et al., 2011)
* Criminalized women with TBI have more history of physical (68%) and sexual abuse (60%) than those without TBI

Traumatic Brain Injury and Early Life Experiences Among Men and Women in a Prison Population. Colantonio et al., 2014

Slide 9: EMERGING EVIDENCE ON VIOLENCE AGAINST WOMEN WITH DISABILITIES

**WOMEN WITH MENTAL HEALTH ISSUES ARE BEING CRIMINALIZED**

* Almost 40 per cent of Ontario female prisoners have a history of traumatic brain injury (TBI) and were much more likely to have suffered physical or sexual abuse as children.
* Unlike the men participating in the study, half of these women sustained a TBI before committing their first crime

**Traumatic Brain Injury and Early Life Experiences Among Men and Women in a Prison Population. Colantonio et al., 2014**

Slide 10: EMERGING EVIDENCE ON VIOLENCE AGAINST WOMEN WITH DISABILITIES

**WOMEN WITH MENTAL HEALTH ISSUES ARE BEING CRIMINALIZED**

* Research indicates that at least one in three Federally Sentenced Women suffers from a mental health issue
* Ashley Smith’s incarceration and death are an example

Cruel, Inhuman and Degrading? Canada’s treatment of federally-sentenced women with mental health issues University of Toronto Faculty of Law International Human Rights Program, 2012 (Editor: Renu Mandhane)

Slide 11: EMERGING EVIDENCE ON VIOLENCE AGAINST WOMEN WITH DISABILITIES

**WOMEN, SEX WORK AND DISABILITY**

* Just over one third of sex workers(35%) in [this study](http://www.understandingsexwork.com/) said they had a long term disability before becoming sex workers.
* These figures are well above the Canadian average

[**Identifying the invisible: The experiences of prostitution among persons with intellectual disabilities: Implications for social work**](http://journals.sagepub.com/doi/abs/10.1177/1468017311409632) J. Kuosmanenm , M.Starke Gothenburg University

Slide 12: EMERGING EVIDENCE ON VIOLENCE AGAINST WOMEN WITH DISABILITIES

**HUMAN TRAFFICKING AND DISABILITY – LOOKING FOR A LIGHT IN THE DARKEST OF PLACES**

A large number of the women and girls with disabilities who are trafficked in Canada and around the world are still not showing up in any data sets that will lend themselves to the policy reforms that could lead to change.

Women with mostly invisible disabilities (Traumatic Brain Injury, intellectual or psychosocial disabilities) are the most affected in sex trafficking.

<http://www.huffingtonpost.ca/bonnie-l-brayton/human-trafficking-and-disability_a_22662391/>

Slide 13: Rural Women and Abuse

*Rural women are also at risk of physical violence and abuse. (Hornosty and Doherty)*

*Isolation, patriarchal attitudes that objectify and devalue women, and the presence of a "gun culture" where owning and using weapons are condoned and where access to weapons is enhanced, contribute to violence in the lives of rural women. (Fishwick; Goeckerman, Hamberger, and Barber)*

**Beverly D Leipert, Rural Women’s Health Issues in Canada: An Overview and Implications for Policy and Research, Canadian Woman Studies 24 n°4 Summer/Fall 2005**

Slide 14: Rural Women and Abuse

*Lack of access to health care providers who are sensitive to violence issues, limited or no resources such as counselors and shelters, early marriage, higher fertility rates, and lower education and employment in rural areas also contribute to rural women experiencing violence and being less able to address or get free from violent relationships »*

*(Hornosty and Doherty; Leipert 1999; Leipert and Reutter 2005)*

**Beverly D Leipert, Rural Women’s Health Issues in Canada , an overview and Implications for policy and research, Canadian Woman Studies 24 n°4 summ/Fall 2005**

Slide 15: Rural Women with Disabilities

*«Research shows that urban women with physical disabilities have a high prevalence of depression*

*(Hughes et al., 2005; Hughes et al., 2004; Hughes et al., 2001).*

*Rural women’s rate of depression is twice that of other women (Power, 2003) and rural women with disabilities face additional risks and unique barriers, such as poorer health, less education, and greater dependence on government programs than their urban counterparts. (Szalda-Petree et al., 1999)*

**Rosemary Hughes, Rural Women with Disabilities and Depression, Part One: Characteristics and Treatment Patterns, RTC:Rural, 2007**

Slide 16: Rural Women with Disabilities

*Moreover, the lack of trained personal care providers may force them to rely on family for personal assistance – a situation that may not be in their best interest.*

*(Nosek & Howland, 1992)*

**Rosemary Hughes, Rural Women with Disabilities and Depression, Part One: Characteristics and Treatment Patterns, RTC:Rural, 2007**

Slide 17: Rural Women with Disabilities

*« Given that higher suicide rates have been found in rural than in urban areas (Singh & Siahpush, 2002), the finding that nearly 20% of the women were having suicidal thoughts is alarming. At risk for severe depression were women who were younger, those with more pain, more limited mobility, and/or less satisfaction with their social networks. »*

**Rosemary Hughes, Rural Women with Disabilities and Depression, Part One: Characteristics and Treatment Patterns, RTC:Rural, 2007**

Slide 18: Peer Support and Community Involvement

*« Community involvement provides significant spaces for women to connect and network with other women and access support and mentoring »*

*« Discussing their community involvement, rural women identified several ways rurality influenced their community involvement, including opportunities, rural lifestyles, patriarchy, and the need to connect with other women. »*

**Robin Neustaeter, FEMINISM, RURALITY, AND WOMEN’S LEARNING IN RURAL MANITOBA, CANADA** , **University of Manitoba , 2015.the Canadian Journal for the Study of Adult Education**

Slide 19: Barriers in Built Environment

*Rural areas often lack environmental features required by non drivers with disabilities, such as sidewalks, curb cuts, and street crossings with accessible traffic signals. Therefore, even if rural residents live close enough to walk or roll in a wheelchair to their health care facility, getting there safely may prove difficult »*

**Lisa I. Iezzoni, Mary B. Killeen, and Bonnie L. O’Day, Rural Residents with Disabilities Confront Substantial Barriers to Obtaining Primary Care, Health Services Research , 2006**

Slide 20: FemNorthNet

Inclusive Practices Toolkit covers in English and in French

Slide 21: Indigenous Women

“Indigenous women living with a disability face barriers and discriminatory actions on three fronts: being a woman; being Indigenous and living with a disability.”

Neil Belanger, Executive Director of British Columbia Aboriginal Network on Disability Society, June 2016

Slide 22: Indigenous Women in Rural Areas

* *« First Nations peoples are more likely than non-Aboriginal populations to live in rural areas of Canada: 30% of First Nations people live on rural reserves while 20% live in rural non-reserve areas of the country (Brownridge, 2008). »*
* *«First Nations women in Canada experience a rate of IPV roughly 3- 4 times higher than among non-Aboriginal women (Somlak-Pedersen, 2013) »*
* *First Nations women often continue to experience violence after they have stopped living with a partner or otherwise ended their relationship. Available data indicate that a total of 22.4% of « First Nations women compared with 6.6% of non-Aboriginal women reported post-separation IPV within a 5- year period following the separation, including forced sexual activity, incidents involving a gun or knife, being choked, being kicked, bit, hit with a fist or object (Pederson et al 2013) » page5*

**Final Report:Angela Wisniewski, Project Coordinator, in collaboration with Rina Arseneault, Associate Director, MMFC, and Martine Paquet, Social Work Consultant, NBASW.The Rural Realities Faced by Service Providers and Women Survivors of Intimate Partner Violence When Navigating the Justice System, Muriel McQueen Fergusson Centre for Family Violence Research, 2016**

Slide 23: Access to Services for Indigenous Women

« *More than 70 per cent of the 53 Inuit communities spread across four geographic regions of the Canadian Arctic do not have a safe shelter for women and children experiencing family violence. »*

**Pauktuutit Inuit Women of Canada, site internet >** [**https://www.pauktuutit.ca/abuse-prevention/shelters-and-transitional-housing/**](https://www.pauktuutit.ca/abuse-prevention/shelters-and-transitional-housing/)

Slide 24: DAWN CANADA’S RESPONSE

**Legislation, Policy & Service Responses to Violence Against Women with Disabilities & Deaf women in Canada (LPS) project**

* Based on a collaborative approach, the LPS Project has worked to develop coordinated response strategies to better address the needs of women with disabilities and Deaf women experiencing secondary/systemic violence.

* We brought together women with disabilities and Deaf women with service providers & policy makers to:
  + review existing policies and programs
  + analyze gaps in services
  + consider the best practices and proven models

Slide 25: ABOUT LPS – Methodology

REVIEWED:

* International documents
* 181 Federal, British Columbia, Ontario and Québec documents: legislation, policies, action plans, websites

**Accessibility**

* Is this law / policy available in alternative formats (i.e. sign language, brail, plain language, etc.)?
* Does it mention accommodations for women with disabilities and/or Deaf women?

**Effectiveness**

* Has this law / policy accomplished its stated objective (ex. based on results of a formal review or report)?
* Are there implementation guidelines?
* Are there monitoring mechanisms?

Slide 26: LPS Research Outcomes

**Women with disabilities and Deaf women are being “ungendered” in Policy**

* Disability-related legislation and policy, rarely mentions women or provides gender analysis.
* DAWN Canada recognizes the distinct issues faced by marginalized genders (women, trans people, non-binary people). However, the absence of women with disabilities as an important cohort is indicative of deeply rooted systemic bias.

Slide 27: LPS Research outcomes

**Women with disabilities and Deaf women have been a footnote in policies**

* Most gender-based violence legislation and policy will name more vulnerable groups in their preamble and define them in a footnote.
* In 85% of the examined legislation and policy in British Columbia, Ontario, Québec and Canada, women with disabilities are mentioned in such a footnote and that’s the only time that we exist

Slide 28: Community Responses

**Services & Resources**

* + Create culturally sensitive and specific services for Indigenous women across the lifespan
  + Create policies that understand life transitions are especially challenging for women and girls with disabilities
  + Access to employment and economic security
  + Funding for attendant care services in transition houses and shelters
  + Safe, accessible and reliable transportation in rural and remote communities

Slide 29: Community responses

**Training**

* + Available in their communities
  + Available for frontline workers and RCMP officers
  + Mental Health First Aid
  + On common issues such as PTSD
  + On emerging issues such as brain injury

Slide 30: Critical tools for policy reform

**Auditing regulatory bodies**

* + Apply:
    - A disability lens.
    - A violence against women lens.
    - An Intersectional lens.

Slide 31: Canada failing Women & Girls with disabilities

Canada must respect its human rights and treaty obligations to women and girls with disabilities:

* International Covenant on Economic, Social and Cultural rights
* Convention on the Elimination of all forms of discrimination against women
* Convention on the rights of persons with disabilities

We call on Federal, Provincial and Territorial governments and their leadership to TAKE IMMEDIATE ACTION!!!

Slide 32: More than a Footnote Campaign

Logo of More than a footnote campaign

Slide 33: Take action!

What do women with disabilities and Deaf women in Rural Canada need:

Application of the Intersectional lens (GBA+) to policies and programs that impact women with disabilities and Deaf women at each level of Government (Federal, Provincial, Territorial and Municipal) with a particular attention to Municipal services in the rural context;

·        Access to health services, including sexual and reproductive health services, suicide prevention services and rehabilitation services;

·        Peer support;

·        Access to employment and income supports;

·         Culturally sensitive services for Indigenous women;

·        Accessible housing and infrastructure, including accessible transportation;

What can you do?

Join us in supporting rural women with disabilities and Deaf women in Canada.

Subscribe to our CALL TO ACTION mailing list by sending an email to [morethanafootnote@dawncanada.net](mailto:morethanafootnote@dawncanada.net)

Slide 34: Thank you!

Logo of the Canadian Labour Congress

Slide 35: Contact us

**Resources for participants: www.dawncanada.net**

www.dawncanada.net

Twitter: @dawnrafhcanada

Facebook: www.facebook.com/dawnrafhcanada

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